ATTORNEY DOCKET NO. \_\_10019165-1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

entor(s):

DeWald, et al.

Confirmation No.: 6481

Application No.: 09/941,463

Examiner: Brandon J. Miller

Filing Date:

3/29/01

Group Art Unit:

Title:

Sir:

Systems and Methods for Establishing Communication Links Between Computing

Devices

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 RECEIVED

2683

APR 2 3 2004

## TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT Technology Center 2600

No addit	as calculated belo ional fee (Addre	ss en			Stop Non-Fe	ee Am	endm	ent")	al Decla fee \$	•	
				-	THER THAN A		ENTIT	Y			
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMEN		(3) JMBER XTRA	HIGHEST PREVIOUS	(5) PRESENT EX TRA		(6) RATE		(7) A DDITIONA L FEES		
TOTAL CLAIMS	20	М	INUS	20		=	0	Х	\$18	\$	0
INDEP. CLAIMS	2	М	INUS		0		×	\$86	\$		
[ ] FIR	ST PRESENTATION O	A MU	JLTIPLE	DEPENDENT	CLAIM			+	\$290	\$	0
EX TENSIOI FEE	1ST MONT \$110.00			MONTH 0.00	3RD MON \$950.00			480.00		\$	0
							0	THER	FEES	\$	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT										\$	0

Charge \$\_\_\_\_\_ to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Date of Deposit: 4/19/04

Typed Name: Stephanie Riley

Signature: Stephane Mu

Respectfully submitted,

DeWald, et al.

M. Paul Qualey, Jf.

Attorney/Agent for Applicant(s)

Reg. No. **43,024** 

Date: 4/19/04

Telephone No.: (770) 933-9500

Rev 10/03 (TransAmd)

· Attach as First Page to Transmitted Papers ·